

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030034

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 29

STATE FILE NUMBER

FILED SEP 12 1962

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		c. CITY OR TOWN Centralia	
Length of stay in lb 2 mos		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 229 S. Jenkins	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Anderson Hoyt Merry			4. DATE OF DEATH Month Sept Day 5 Year 1962		
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/13/1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 10 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Boone County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Hoyt Blake Merry		13b. MOTHER'S MAIDEN NAME Martha Irene Gibson	
14. NAME OF HUSBAND OR WIFE Pearl Merry		17. INFORMANT Address Mrs. Pearl Merry, Centralia, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH one hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____

21. I attended the deceased from _____, to 9-5-62 and last saw him alive on 9-5-62 Death occurred at 2 a. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE <i>Robert L. Ward MD</i> (Degree or title)	22b. ADDRESS Centralia, Missouri	22c. DATE SIGNED 9-5-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/7/62	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) Centralia, Mo.
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24. FUNERAL DIRECTOR <i>Bill G. Meador</i> ADDRESS Centralia, Missouri	25. DATE RECD. BY LOCAL REG. Sept 5-1962	26. REGISTRAR'S SIGNATURE <i>Maud M. Bride</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59**6101****20101****3****4 0****5 1****6****7 0****8 2****9 201****10****11****12 90-0****13 2-0**

SEP 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

B. J. Menden

Licensed Embalmer No.

4876

P. O. Address

Centralia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Sound Permit Sept 5-1962 mcs